POSITION	INITIALS	ID NO.	DATE	
FEE DETERMINATION				
O.I.P.E. CLASSIFIER		,	11-25-67	
FORMALITY REVIEW			Daal A.	Hable Cary
RESPONSE FORMALITY REVIEW			Best Ave	ilable Copy

N Non-elected

INDEX OF CLAIMS

✓ Rejected

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•	— (Through nur	neral) Canceled A	Appeal
	÷	Restricted 0	Objected
	Claim Date	Claim Date	Claim Date
			7
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	4 5	55	104
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	10 0	60	110
		61	111
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If more than 150 claims or 10 actions staple additional sheet here

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